Foster Family Home - Deficiency Report

1-100108 **Provider ID:**

1-100108-11 **Home Name:** Miriam Brillante, CNA **Review ID:**

35 Makani Avenue Maribel Nakamine Reviewer:

Wahiawa ΗΙ 96786 Begin Date: 10/13/2021

Foster Family Home Required Certificate [11-800-6]

Comply with all applicable requirements in this chapter; and 6.(d)(1)

Comment:

6.d.1- Unannounced recertification inspection conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 3 bed certification.

Man bel Malamine, le 10/13/2021

pompliance Manager

Date

10/13/2021

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